

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043111

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

50

Primary Registration District No.

5179

Registrar's No.

66

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Osage

Length of stay in 1b

11 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Rural Route 1

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

admission)

c. CITY

OR TOWN

Osage Beach

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rural Route 1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Marianne

Morgan

4. DATE OF DEATH

Month

Day

Year

November 29, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug-15-1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

Hours

Min.

3 14

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At-Home

11. BIRTHPLACE (City and state or country)

Scotland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Andrew Romis

13b. MOTHER'S MAIDEN NAME

Anna Rodgers

14. NAME OF HUSBAND OR WIFE

James Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr James Morgan

Address

Osage Beach, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

NEUROCIRCULATORY COLLAPSE

INTERVAL BETWEEN ONSET AND DEATH

5-10 MINUTES

DUE TO (b)

METASTATIC CARCINOMA

4 YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-5-63

to

and last saw her alive on 11-24-63

Death occurred at

11:57 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert H. Reed MD

22b. ADDRESS

Camden, Mo

22c. DATE SIGNED

11-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 2nd, 1963

23c. NAME OF CEMETERY OR CREMATORY

Blair Memorial Cemetery

23d. LOCATION (City, town, or county)

Camden

Missouri

24. FUNERAL DIRECTOR

Robert H. Reed

ADDRESS

Camden Missouri

25. DATE RECD. BY LOCAL REG.

Dec 2nd 1963

26. REGISTRAR'S SIGNATURE

Zilpha J. Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0150

2 0150

3

4 1

5 1

6

7 2

8 2

9 1992

10

11

12 90-0

13 2-0

JAN 22 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address

Camdenton Mo

Note: This above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.